

Update on Plan for MassHealth Eligibility Redeterminations

Executive Office of Health and Human Services

April 2023

Context for MassHealth Redeterminations

Focus Areas for Preparing for Redeterminations

Federal Medicaid continuous coverage requirements have been in effect since March 2020 and will expire in April 2023



In the Families First Coronavirus Response Act (FFCRA), MassHealth received enhanced federal funding for adhering to the Maintenance of Effort (MOE) provision.

- This provision meant that individuals receiving Medicaid would generally not lose coverage unless they voluntarily withdrew, moved out of state, or passed away.
- This provision did not apply to children in certain types of coverage, whose eligibility continued to be updated, which could result in loss of coverage.



As a result of the MOE provision, MassHealth's caseload increased significantly from 1.8M members to over 2.3M members (+>25%) since February 2020.

- Many members have had their eligibility protected because of continuous coverage requirements that went into effect as part of the FFCRA.
- This means that individuals whose coverage would have normally been lost or downgraded – because of loss of eligibility or non-response to a renewal attempt – maintained coverage.



The continuous coverage requirements that were part of the MOE provision end on April 1, 2023, and members' coverage may begin to change.

- Federal rules require that all member redeterminations must be initiated in the first 12 months of a state's redetermination process and completed within the first 14 months.
- Previously, the continuous coverage requirement was tied to the federal public health emergency (FPHE); however, recent federal legislation has decoupled this from the FPHE and set a planned end date of continuous coverage for April 1, 2023, while the FPHE (and related flexibilities) will remain in effect.

MassHealth has continued its renewal processes during the MOE period, meaning many members have been renewed as normal in the last 2 years

Redetermination timing for a specific household depends on whether the member was renewed as normal or MOE-protected



Member renewed as normal: Member renewed at the same or greater level of coverage during the MOE period



Member will be selected for renewal 12 months after last renewal*



Member eligibility was protected during MOE period: Member did not respond, was found ineligible, or was found eligible for a lower benefit over the last two years



Member will be selected for renewal in the first ~9 months of the redetermination process

Member Renewal Process:

For each renewal, **MassHealth must “start over” its redetermination**, even if the member was determined ineligible during their most recent renewal.

1. Whenever possible, MassHealth will **automatically process a member’s renewal** by matching their information against state and federal data sets.
2. If a member’s renewal **cannot** be automatically processed, they will **receive a blue envelope in the mail with a renewal form to complete and return to MassHealth**.
3. Members **must submit the requested information** to receive the best health benefit they qualify for.

**Note: Households that contain individuals receiving MassHealth and Health Connector coverage will be renewed during the Annual Open Enrollment Period (August to December).*

MassHealth completes renewals every year; this upcoming renewal cycle starting April 1, 2023 is different due to renewal volume and lack of member awareness

How this renewal cycle will be the **same**:

1) Renewals are a regular annual requirement

- MassHealth processes renewals every year, including while members' coverage was protected as part of the continuous coverage requirements that started during the FPHE

2) Use of standard tested processes

- MassHealth will use its regular proven process for completing upcoming renewals (with additional new enhancements to streamline the processes further)

How this renewal cycle will be **different**:

1) Increased volume of renewals to be processed

- Due to the continuous coverage requirements, MassHealth enrollment is currently ~2.3M (up from 1.8M) and all 2.3M members will need to be redetermined

2) Lack of member familiarity and awareness

- While members have experienced the renewal process throughout the FPHE, they have generally not experienced any coverage repercussions if they did not reply to renewal requests for information. This creates the risk that members will not take the needed actions to ensure they will keep the level of MassHealth coverage that they are eligible for

Context for MassHealth Redeterminations

Focus Areas for Preparing for Redeterminations

MassHealth is continuing its preparation for the upcoming redetermination process in coordination with internal and external stakeholders

Goals:

- 1

Prevent administrative loss of coverage* as much as possible, especially for most vulnerable
- 2

Ensure members understand and can complete key actions to receive the appropriate health benefit
- 3

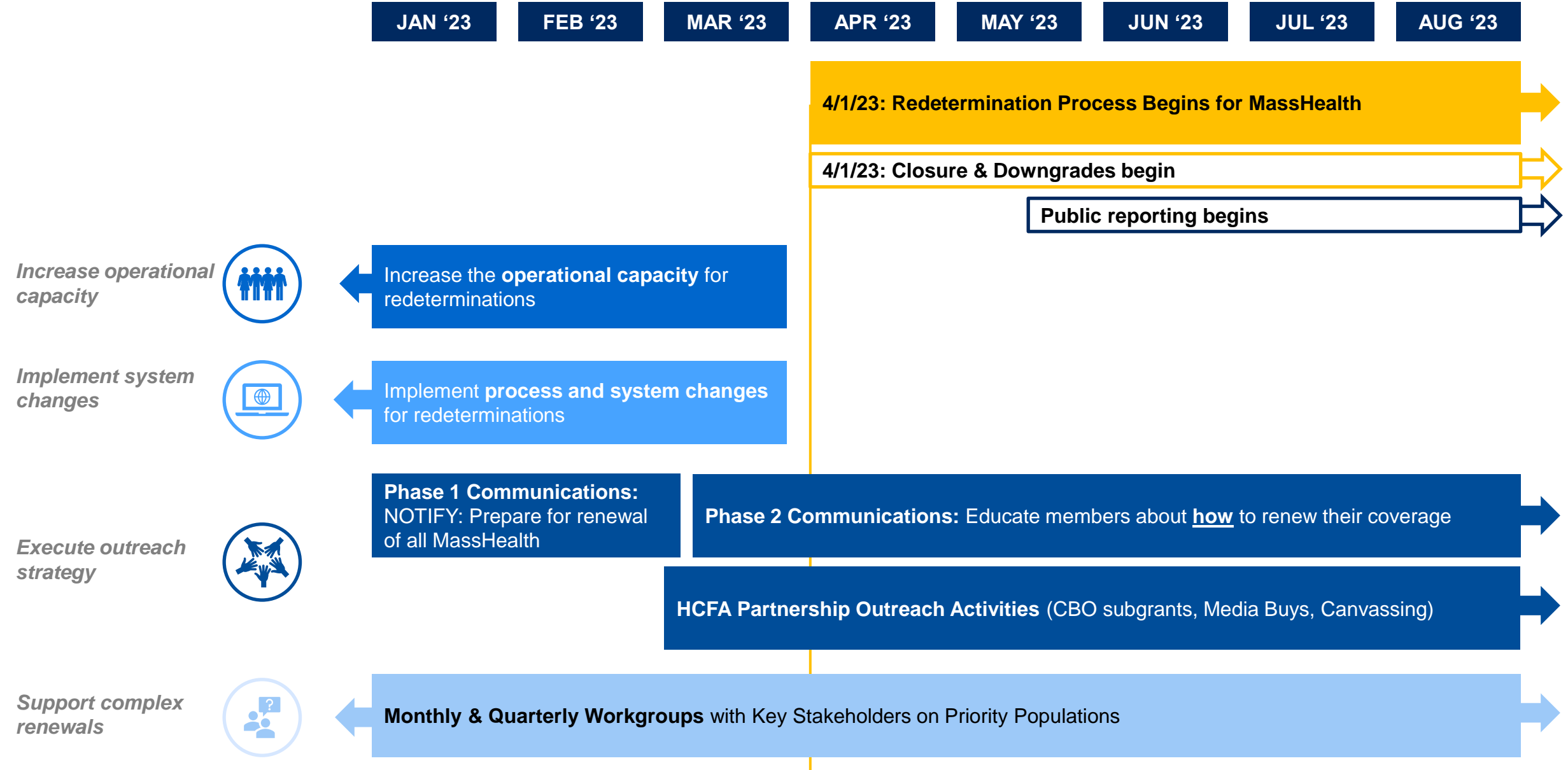
Maintain compliance with federal and state requirements

Focus Areas:



**Administrative loss of coverage is when a member loses coverage due to procedural reasons (e.g., needed information not provided), as opposed to loss of coverage due to ineligibility*

MassHealth has been preparing its systems and operations since 2021, with outreach and communications ramping up as the April 1st start date approaches





Increasing operational capacity: MassHealth is increasing the capacity of its contact center, enrollment centers, and related renewal and hearing processes

Increase staffing levels to support MassHealth Customer Service Center capacity, application processing, and hearings

- Hire over 150 additional permanent and temporary staff to support the influx of redeterminations and increase capacity at the MassHealth Enrollment Centers
- Increase frontline customer service agents from 300 to almost 500 to support the forecasted increase in service demand
- Reinforce training of staff at MassHealth Enrollment Centers and the MassHealth Customer Service Center to be prepared to answer questions and help members with their redeterminations
- Increase the number of “assisters,” including Navigators and Certified Application Counselors (CACs) to support the redetermination process

Improve efficiency of key steps in redetermination process

- Promote use of online MA Login Accounts (<https://www.mass.gov/masshealth-ma-login-accounts>) to enable self-service options (available for most MassHealth members under age 65)
- Encourage use of [appointment scheduling system](#) to enable timely access to the support they need
- Begin sending texts and emails to members requesting them to update contact information on file and alert members if their renewal notice mailing was returned with no forwarding address



Implementing system changes: MassHealth is implementing system and policy changes to adhere to federal requirements and enable a smoother renewal process for members

Increase reasonable compatibility threshold from 10% to 20%

- MassHealth will process an application automatically as long as the reported income matches the data hub information within a 20% buffer range (up from 10%), enabling the renewal to proceed without additional member involvement required

Align response timelines across Modified Adjusted Gross Income (MAGI)* and non-MAGI populations**

- This will provide all members with 90 days to respond to requests for information and with a 90-day renewal reconsideration period

Implement system changes to make the renewal process easier for members:

- **MassHealth designed a simplified Senior Affordable Care Act (SACA) renewal form** for most non-MAGI members¹
- Implemented **self-service Interactive Voice Response** enabling members to understand what documents are outstanding without having to speak to an agent
- Developed eSubmission application to **enable an online option for renewals for 65+ population**

Validate and update member contact information from trusted sources in alignment with federal best practices

Execute system changes to align with federal requirements regarding eligibility protections and adverse actions

**The MAGI population includes individuals, families, and people with disabilities who are 64 years old and younger; 65+ and parent/caretaker of a child(ren) under the age of 19*

***The Non-MAGI population includes seniors and populations who receive long-term care, comprising of Seniors 65+ in the community, 18+ receiving services through HCBS Waiver, Disabled children up to age 18 that require skilled nursing LOC living in community (Kaileigh Mulligan), and Individuals of any age living in nursing home or other LTC facility*

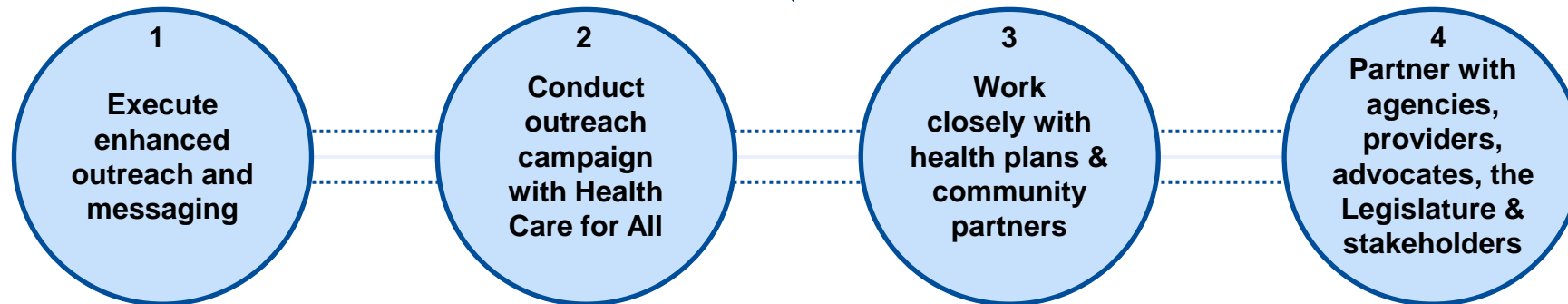
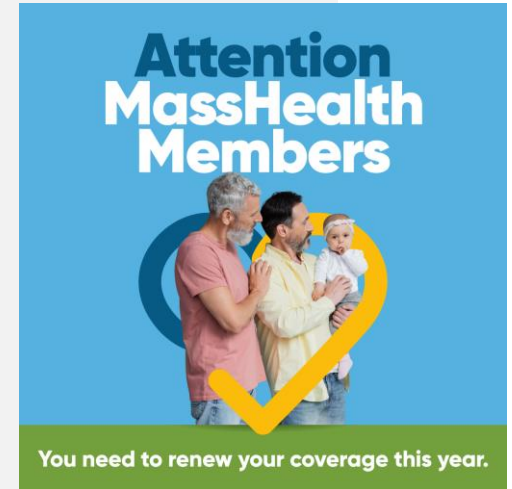
¹Members who will not be able to use the simplified SACA renewal form include members who have turned 65 during the FPHE, Kaileigh Mulligan renewals, mixed age households, long term care/MSP annual renewals, and households with one or more individuals receiving Health Connector



Executing outreach: MassHealth is focused on effective and comprehensive outreach to members to minimize administrative loss of coverage and support members

Efforts focus on educating members about key redeterminations messages:

1. **Call MassHealth** to update your contact information
2. **Read all mail from MassHealth**, and look for a blue renewal envelope
3. **Respond to MassHealth** before the deadline on your renewal form, even if you don't think you are eligible

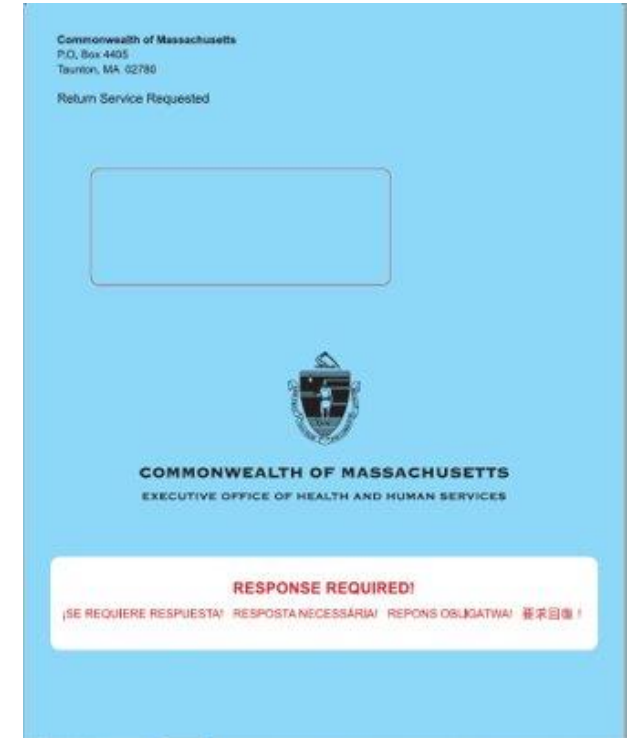


More detail on 1-4 on the following pages



Executing outreach: Execute enhanced outreach & messaging

- Begin using **blue envelopes** for renewals to support increased response rate
- Conduct **live outbound calls** to members with overdue renewals, capacity permitting
- **Social media campaign** for each phase, focusing on key messages
- Add **insert to renewal notices** emphasizing the importance of responding to receive the best benefit members qualify for, once the redetermination process begins
- **Launch text and email capability**, which will alert members when a renewal form is sent to them and if their mail is returned
- **Develop videos** on the end of the continuous coverage requirement and the renewal process





Executing outreach: Conduct outreach campaign with Health Care for All (HCFA)

HCFA received \$5M in funding from state legislature to support redeterminations. In partnership with MassHealth and the Connector:

- Held **member focus groups** to hear feedback on communications approach
- Identified **key messaging and branding** for the “Your Family, Your Health” campaign
- **Developed three key prongs of outreach campaign:**
 - **On-the-ground outreach** (canvassing as well as tabling at local events and community spaces) in target communities
 - **Grants to community-based organizations**, focusing on target communities and populations
 - **Community-oriented media buy** (radio, TV, newspaper, social media)



Targeted Outreach Communities

- | | |
|--------------|---------------|
| • Boston | • Lynn |
| • Brockton | • Malden |
| • Chelsea | • New Bedford |
| • Everett | • Quincy |
| • Fall River | • Revere |
| • Framingham | • Springfield |
| • Lawrence | • Worcester |
| • Lowell | |



Executing outreach: Work closely with health plans & community partners



MassHealth is coordinating closely with health plans and community partners and began regular working group meetings in February 2023. Collaborations include:

Toolkit outlining best practices for member outreach:

- Plans will conduct **calls, emails, and/or text messaging** to alert members about their upcoming renewal.
- Plans will **partner with primary care physicians and other providers** to raise awareness about the importance of responding to MassHealth requests. This may include providing member-facing materials to provider offices.
- Plans are also encouraged to **explore additional ways to outreach members**, such as mailed letters, in-person enrollment events, or media buys.

Assistance updating member contact information:

- Plans will **work to validate and update member contact information** and share all new contact information with MassHealth.

Consistent data exchange regarding redeterminations

- **MassHealth will send files each week** to plans and community partners that identify members who have had their eligibility protected during the MOE period as well as members who are up for renewal.
- Plans will **use these files to support member outreach**, both inbound and outbound.



Executing outreach: Partner with providers, advocates, and other stakeholders to amplify key messages

Stakeholders:

Advocates

General public

Strategies to amplify messages:

① Develop **communications toolkit and webpage** for redeterminations, with key information, sample messaging, and resources **for each phase of outreach**

② **Develop and maintain FAQs** for stakeholders throughout the redetermination process

③ Develop **redetermination-focused mailing list to share key resources and updates** with a broad range of stakeholders

④ **Coordinate** to incorporate feedback and concerns and to support populations with complex redeterminations

⑤ **Hold public webinars** near the start of redeterminations to outline key actions members need to take, key resources, and address concerns

⑥ Develop **public dashboard with key metrics**



MassHealth is committed to supporting all members, especially those with complex redeterminations or who are most vulnerable

	Focus	Subset of planned efforts
Members who are Homeless	Reaching transient members and assisting with enrollment and eligibility for those without a permanent address	<ul style="list-style-type: none">▪ Outreach and coordination with shelters▪ Coordinate with the Department of Housing and Community Development (DHCD)
Members with Disabilities	Ensuring messaging about redeterminations is accessible and assisting with enrollment complexities related to disabilities	<ul style="list-style-type: none">▪ Monthly meetings with advocates▪ Coordination and outreach in partnership with state agencies, community organizations, and advocates
Members who are 65+	Spreading information about redeterminations and dual-eligibility, particularly for members who turned 65 during the MOE period (and therefore transition from MAGI to Senior Affordable Care Act (SACA) renewal application)	<ul style="list-style-type: none">▪ Trainings, instructions, and templates for Certified Application Counselors (CACs) on SACA▪ Revamp Community Specialist (BIP) program▪ Coordination with stakeholder and advocates
Immigrant populations	Sharing information about MassHealth eligibility for immigrants and refugees and reaching those populations with that information	<ul style="list-style-type: none">▪ Translation of key materials into top 7-9 languages for members▪ Partnerships with CBOs focused on immigrants and refugees
Children & Families	Reaching parents of children on MassHealth and sharing information about changes for members who age out of certain coverage protections	<ul style="list-style-type: none">▪ Conduct outreach in partnership with the state education system, family & child assistance programs, and parent / child-focused agencies

To promote transparency and comply with federal requirements, MassHealth will develop public-facing reports and submit federal reports throughout the redetermination period

	<u>Metric Categories:</u>	<u>Update Cadence:</u>
Public Dashboard	<ul style="list-style-type: none">• Total Caseload• Monthly Change in Caseload• Member Re-openings• Member Renewals• Member Departures• New Members	<ul style="list-style-type: none">• Regularly throughout the redeterminations period
Federal Reporting	<ul style="list-style-type: none">• Application processing• Renewals• Policy for Completing Renewals/ Renewals & Outcomes• Medicaid Fair Hearings	<ul style="list-style-type: none">• Monthly

Help MassHealth spread the word to ensure all MassHealth members are prepared for renewals

What can you do today?

Share MassHealth Phase 2 Toolkit communications with your network

Find it here: mass.gov/masshealthrenew

- Post on social media
- Hang a flyer
- Sign up for MassHealth Eligibility Redeterminations email notifications
- Spread the word!



- MassHealth is finalizing its **state operational unwinding plan**, which will be sent to CMS
- Look out for our **public redetermination dashboard** coming out in spring